

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN -3 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000023203
1. Entity Name
C.N.H. ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

200005765992--0

-06/13/02--01071--019

***158.50 ***158.50

DO NOT WRITE IN THIS SPACE

Principal Place of Business
C.N.H. Enterprise Inc. 5510 NW 1st Ave
Suite, Apt. #, etc. N/A

City & State
Miami FL

3. Mailing Address
5510 NW 1st Ave
Suite, Apt. #, etc. N/A

4. FEI Number
09-3564151

Applied For
Not Applicable

53127

Country Dade

Zip 33127

Country Dade

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Brandy Johnson

Street Address (P.O. Box Number, Not Acceptable)
5510 NW 1st

City Miami FL Zip Code 33127

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Brandy Johnson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/28/2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT Brandy Johnson 5510 NW 1st Ave Miami, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Hattie Willis 5510 NW 1st Ave Miami, FL 33127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	5126 - AR 1000 - APTS 8875 - ARSUPT 850 - CRT
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Brandy Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/2002 305-7843993

Date Daytime Phone #